

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-10-01
O.I.P.E. CLASSIFIER	H		
FORMALITY REVIEW		913	05-31-01
RESPONSE FORMALITY REVIEW		1021	7-28-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	7-28-01
2	V V V
3	V V V
4	V C V
5	V V V
6	V V V
7	V V V
8	V
9	V V V
10	O
11	V V V
12	V V V
13	V O O
14	V O O
15	V V V
16	V V V
17	V V V
18	V
19	V
20	V
21	V
22	V V V
23	O V V
24	V
25	V
26	V
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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